

OFFICE OF ASSESSOR

172 West Third Street • San Bernardino, CA 92415-0310



County of San Bernardino

DONALD E. WILLIAMSON
Assessor

APPOINTMENT OF AGENT

O W N E R	Full Legal Name of Owner:			
	Mailing Address	City	State	Zip Code
	Physical Address	City	State	Zip Code
	Contact Person and Title		Telephone Number	
P R O P E R T Y	<input type="checkbox"/> All property listed for this owner in San Bernardino County			
	<input type="checkbox"/> All Real property listed for this owner in San Bernardino County			
	<input type="checkbox"/> All Business and Personal Property listed for this owner in San Bernardino County			
	<input type="checkbox"/> Other:			
A U T H O R I T Y	<input type="checkbox"/> General power to represent the owner in property tax matters concerning this property.			
	<input type="checkbox"/> The Agent has specific powers listed below:			
	<input type="checkbox"/> Filing of Assessor's forms			
	<input type="checkbox"/> File Assessment Appeal applications and represent owner at appeal hearings			
A G E N T	<input type="checkbox"/> Receive confidential information			
	<input type="checkbox"/> Negotiate and resolve assessment matters			
	<input type="checkbox"/> Change mailing address of all my property tax notices and other communications for this property, including appraisal notices, appraisal review board orders and hearing notices, tax bills, and collection notices			
	<input type="checkbox"/> Other:			
A G E N T	Agent's Name:			
	Mailing Address	City	State	Zip Code
	Physical Address	City	State	Zip Code
	Contact Person and Title		Telephone Number	

Authorization

Signature of Owner, a partner, or LLC Manager/Corporation Officer whom the Board of Directors has designated in writing to sign on behalf of the Corporation.

Date

Please print the Name and Title of the person above.

This Agent Authorization will expire 1 year from the date signed.